



SAN LUIS OBISPO COUNTY

DEPARTMENT OF PLANNING AND BUILDING

Promoting the wise use of land - Helping to build great communities

May 2, 2016

MW Architects, Inc.
Attn: Michael Peachey
330 S. Halcyon Road
Arroyo Grande, CA 93420

**SUBJECT: APPEAL OF PLANNING DIRECTOR'S DETERMINATION_MICHAEL PEACHEY
LETTER WRITTEN: APRIL 19, 2016**

We have received your request on the above referenced matter. In accordance with County Real Property Division Ordinance Section 21.04.020, Land Use Ordinance Section 22.70.050, and the County Coastal Zone Land Use Ordinance 23.01.043, the matter will be scheduled for public hearing before the Board of Supervisors. A copy of the appeal is attached.

The public hearing will be held in the Board of Supervisors' Chambers, County Government Center, San Luis Obispo. As soon as we get a firm hearing date and the public notice goes out you will receive a copy of the notice.

Please feel free to telephone me at 781-5718 if you have any questions.

Sincerely,

A handwritten signature in cursive script, reading "Nicole Retana".

Nicole Retana, Secretary
County Planning Department

CC: Ellen Carroll, Division Manager
Stephanie Fuhs, Planner
Karen Nall, Supervising Planner
Whitney McDonald, County Counsel

#916



INLAND APPEAL FORM

SAN LUIS OBISPO COUNTY DEPARTMENT OF PLANNING AND BUILDING

976 OSOS STREET • ROOM 200 • SAN LUIS OBISPO • CALIFORNIA 93408 • (805) 781-5600

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Please Note: An appeal should be filed by an aggrieved person or the applicant at each stage in the process if they are still unsatisfied by the last action.

PROJECT INFORMATION

Name: MW Architects 401K,
FBO Michael Peachey

File Number: PMT 2015.02033 & 02152

Type of permit being appealed:

☐ Plot Plan ☐ Site Plan ☐ Minor Use Permit ☐ Development Plan/Conditional Use Permit

☐ Variance ☐ Land Division ☐ Lot Line Adjustment

☒ Other: Denial Fee Waiver Request

The decision was made by:

☒ Planning Director (Staff)

☐ Building Official

☐ Planning Department Hearing Officer

☐ Subdivision Review Board

☐ Planning Commission

☐ Other _____

Date the application was acted on: _____

The decision is appealed to:

☐ Board of Construction Appeals

☐ Board of Handicapped Access

☐ Planning Commission

☒ Board of Supervisors

BASIS FOR APPEAL

State the basis of the appeal. Clearly state the reasons for the appeal. In the case of a Construction Code Appeal, note specific code name and sections disputed). (Attach additional sheets if necessary)

See attached Letter 4.29.2016

List any conditions that are being appealed and give reasons why you think it should be modified or removed.

Condition Number _____ Reason for appeal (attach additional sheets if necessary)

APPELLANT INFORMATION

Print name: Michael Peachey

Address: 330 So. Halcyon Road, Arroyo Grande, Ca. 93420

Phone Number (daytime): 805.704.8470

We have completed this form accurately and declare all statements made here are true.

Signature

Date

5.02.2016

OFFICE USE ONLY

Date Received: 5/2/2016

By: [Signature]

Amount Paid: \$850.00

Receipt No. (if applicable): 03158

INLAND APPEAL FORM

SAN LUIS OBISPO COUNTY PLANNING & BUILDING

SLOPLANNING.ORG

PAGE 2 OF 2

JUNE 29, 2010

PLANNING@CO.SLO.CA.US



April 29, 2016

San Luis Obispo County
Department of Planning and Building
County Government Center
San Luis Obispo, Ca. 93408

RE: Fee Waiver Request Appeal
Permits PMT 2015-02033 and 2015-02152

Attn: Ellen Carroll, Division Manager, Current and Environmental Planning

Dear Ellen,

I'm in receipt of your letter dated April 19, 2016, which was addressed to the wrong address, but was fortunately emailed to me by Donna Hawkins on the Monday April 25th, 2016. Enclosed is a check for \$850 to appeal this fee and all other fees associated with the development of our affordable housing project. I am also appealing the Impact fees from the Department of Public Works for our project. Since both appeals go before the Board of Supervisors, maybe the topic of all fees could be addressed along with refunding of these additional fees to have the Board review such an important topic of providing affordable housing in our communities. Thank you for your help and consideration of this appeal. Please call me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Peachey', with a large, stylized flourish extending from the end of the signature.

Michael Peachey, Trustee
MW Architects 401k New Comparability Plan FBO Michael Peachey



FEE WAIVER REQUEST

PLANNING & BUILDING DEPARTMENT • COUNTY OF SAN LUIS OBISPO
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Property Owner: MW Architects 401K New Comparability Plan for Michael Peachey
Address: 330 South Halcyon Road, Arroyo Grande Ca 93420
Phone: 805 544 4334 x. 109 Email: mikep@mwa.biz

Applicant: Michael Peachey
Address: 330 South Halcyon Road, Arroyo Grande
Phone: 805 704 8470 Email: mikep@mwa.biz

Case Number(s): PMT 2015.02033
Assessor Parcel Number(s): 090-136-005
Total Fees Due \$ 12,625.68 Fees waived on previous permits \$ _____

Justification: (check all that apply)

- ☒ The proposed project will be available for use by the public at-large and is likely that the project will be used or will benefit more than the residents of the immediate vicinity.

The project will be of obvious public benefit as evidenced by:

- ☒ The project meets a need previously identified or recognized by the Board of Supervisors
affordable housing
- ☒ The project replaces another facility that previously provided public benefit
affordable housing
- ☒ The project provides a facility not presently available in the community
- ☒ The project has generated substantial, obvious community support
- ☒ The project would reduce other County costs or increase other County revenues
infill housing - reduces demand on resources and urban sprawl
- ☐ The fees to be waived will not exceed a total of \$5,000

Other Category of waiver:

- ☐ Earthquake Waiver
- ☐ Veteran's exemption
- ☐ Other (Specify) _____

Attach additional information as needed to explain how project meets the above.

Signature: _____ Date: 3.4.16

Staff use only:

Fees waived by Director? ☐ Yes ☐ No Date: _____

By: _____ Letter sent: _____

Basis for Decision: _____

Amount waived (if applicable): _____

BOS Hearing Date (if applicable): _____